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		AND HUMAN SERVICES & MEDICAID SERVICES	-30-1	7	1-24-18	FORM	: 01/25/20 ¹ APPROVE
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. DUILDING 01 - REAR BUILDING			(X3) DATE SURVEY COMPLETED	
POC#	2	445256	B. WING			I .	R 03/2018
	PROVIDER OR SUPPLIER	T CENTER		649 MCMUR	RESS, CITY, STATE, ZIP CODE RY BLVD LE, TN 37074		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX YAG	(EA	PROVIDER'S PLAN OF CORREC CH CORRECTIVE ACTION SHO SS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(XG) COMPLETION DATE
	with NFPA 96, Standard Fire Protection and Fire Protection of appliances such as toasters) are used for cooking in accordan cooking in accordan compartments with 3 with the conditions upor cooking facilities in 30 or fewer patients 18.3.2.5.4, 19.3.2.5.4 Cooking facilities proper 9.2.3 are not requestions.	is protected in accordance dard for Ventilation Control of Commercial Cooking equipment (i.e., small microwaves, hot plates, or food warming or limited ce with 18.3.2.5.2, 19.3.2.5.2 pen to the corridor in smoke 80 or fewer patients comply inder 18.3.2.5.3, 19.3.2.5.3, smoke compartments with comply with conditions under 4. Intected according to NFPA 96 uired to be enclosed as t shall not be open to the	(K 32	K 324 *Residen food warn accordance cooking smoke co patients c 18.3.2.5.3 *cooking with 30 on under 18 The hood with the fire alarm The QAPI Contract s hood supp The QAPI Maintenan suppressio	ntial cooking equipment is ming or limited cooking in ce with 18.3.2.5.2.,19.3.2. facilities open to the corrismpartments with 30 or few omply with the conditions 3., 19.3.2.5.3. or facilities in smoke compar fewer patient comply with 3.2.5.4.,19.3.2.5.4 suppression system will in a system by I/QA committees will montervices that will install/convession system. /QA committee will meet a consistent has been installed as it should be	of the condition of the condition of the mplete the consure the co	

This REQUIREMENT is not met as evidenced

18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through

Based on document review and interview, the facility failed to protect the cooking facilities.

The findings included:

19.3.2.5.5, 9.2.3, TIA 12-2

1. Document review on 11/13/2017 at 10:09 AM, revealed the Select Security fire alarm inspection report dated 10/06/2017 showed the hood suppression system was not interconnected with

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X8) DATE

TITLE

Any deficiency statement ending with an asterisk (*) flenotes a deficiency which the institution may be excused from correcting providing it is determined that other anteguards provide sufficient protection to the hallents. (See instructions.) Except for nursing homes, the findings stated above are disclosuble 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation...

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/25/2018 FORM APPROVED OMB NO. 0938-0391

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;		PLE CONSTRUCTION 5 01 - REAR BUILDING		E SURVEY PLETED
		445256	B. WING			R 03/2018
NAME OF	PROVIDER OR SUPPLIER		·····	STREET ADDRESS, CITY, STATE, ZIP CODE	01/1	03/2018
HARTSVILLE CONVALESCENT CENTER			- 1	649 MCMURRY BLVD HARTSVILLE, TN 37074		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD I		(X5) COMPLETION DATE
{K 345} ss=D	Edition) NFPA 96, 1 2. Document review administrator on 01, the hood suppression the fire alarm system (2012 Edition) NFPA The administrator with deficiencies were ld acknowledged by the conference on 01/03. Fire Alarm System - CFR(s): NFPA 101 Fire Alarm System - A fire alarm system accordance with an with the requirement Electric Code, and Nand Signalling Code. acceptance, mainter available. 9.6.1.3, 9.6.1.5, NFPA 101 This REQUIREMEN by: Based on document facility failed to main. The findings included 1. Document on 11/1 revealed the facility faccumentation that a sensitivity tested every stem in the sensitivity tested every stem in the facility failed to the facility of the sensitivity tested every stem in the facility faccumentation that a sensitivity tested every stem in the facility faccumentation that a sensitivity tested every stem in the facility faccumentation that a sensitivity tested every stem in the facility faccumentation that a sensitivity tested every stem in the facility faccumentation that a sensitivity tested every stem in the faccility faccumentation that a sensitivity tested every stem in the faccility faccumentation that a sensitivity tested every stem in the faccility	A 101, 19.3.2.5.1 (2012 0.6.2 (2011 Edition) y and interview with the (03/2018 at 9:15 AM, revealed on was not interconnected to m. NFPA 101, 19.3.2.5.1 A 96, 10.6.2 (2011 Edition) yas present when these entified and they were e administrator during the exit 3/2018, Testing and Maintenance Testing and Maintenance is tested and maintained in approved program complying its of NFPA 70, National IFPA 72, National Fire Alarm Records of system nance and testing are readily of the fire alarm. A 70, NFPA 72 T is not met as evidenced are review and interview, the tain the fire alarm.	(K 324	K 345 A fire alarm system is tested & maintai accordance with an approved program complying with the requirements of NF National Electric Code, and NFPA 72, Fire Alarm and Signaling Code, Record system acceptance, maintenance & test readily available. 'A contract has been completed that add addressable manual pull stations & add smoke detectors through out the building required. These installations will be confirmed. These installations will monitor Contract services that will install/complethe installation of the addressable pull she addressable smoke detector. The QAPI/QA committee will meet with maintenance director for 1 quarter to enaddressable devices are working approp. The maintenance director will add the confirmed program of the sensitivity test to his check list to essensitivity test is conducted timely & as	PA 70, National Is of ing are s ressable g as appleted the ete tations In the sure the riately, ver-other asure the	
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DEPARTMENT OF, HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/25/2018 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - REAR BUILDING		(X3) DATE SURVEY COMPLETED	
445256		B. WING		R		
		445250	D. VVIIVG	STREET ADDRESS, CITY, STATE, ZIP CODE	01/03/2018	
NAME OF PROVIDER OR SUPPLIER HARTSVILLE CONVALESCENT CENTER			649 MCMURRY BLVD HARTSVILLE, TN 37074	*		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CORRECTION (CACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE COMPLETION	
(K 345)	Continued From pa		(K 34	(5)	į	
	administrator on 01, the facility had not o detector sensitivity t the building, NFPA	v and interview with the //03/2018 at 9:18 AM, revealed //03/2018 at 9:18 AM, revealed //03/2018 at 9:18 AM, revealed //03/2018 at 9:03/2018 at 9:03				
	deficiencies were id	as present when these entifled and they were later le administrator during the exit 3/2018.				
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PRINTED: 01/26/2018 FORM APPROVED

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. DUILDING 01 - REAR BUILDING POC#2 B. WING. 445256 01/03/2018 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **649 MCMURRY BLVD** HARTSVILLE CONVALESCENT CENTER HARTSVILLE, TN 37074 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO 1'HE APPROPRIATE SUMMARY STATEMENT OF DEFICIENCIES (XG) COMPLETION DATE ID (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) Cooking Facilities (K 324) {K 324} CFR(s): NFPA 101 SS≖D K 324 *Residential cooking equipment is used for Cooking Facilities food warming or limited cooking in Cooking equipment is protected in accordance accordance with 18,3.2.5.2.,19,3.2.5.2 3-9-18 with NFPA 96, Standard for Ventilation Control *cooking facilities open to the corridor in and Fire Protection of Commercial Cooking smoke compartments with 30 or fewer Operations, unless: patients comply with the conditions under * residential cooking equipment (i.e., small 18.3.2.5.3., 19.3.2.5.3. or appliances such as microwaves, hot plates, *cooking facilities in smoke compartments toasters) are used for food warming or limited with 30 or fewer patient comply with conditions cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 under 18.3.2.5.4, 19.3.2.5,4 * cooking facilities open to the corridor in smoke The hood suppression system will interconnect; compartments with 30 or fewer patients comply with the with the conditions under 18.3.2.5.3, 19.3.2.5.3, fire alarm system by The QAPI/QA committees will monitor the * cooking facilities in smoke compartments with Contract services that will install/complete the 30 or fewer patients comply with conditions under hood suppression system. 18.3.2.5.4, 19.3.2,5.4. The QAPI/QA committee will meet with the Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as Maintenance director for I quarter to ensure the hazardous areas, but shall not be open to the suppression system has been installed and is operational as it should be, corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2 This REQUIREMENT is not met as evidenced by: Based on document review and interview, the facility failed to protect the cooking facilities. The findings included: Document review on 11/13/2017 at 10:09 AM.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

revealed the Select Security fire alarm inspection report dated 10/06/2017 showed the hood suppression system was not interconnected with

TITLE

(XB) DATE Z-28-18

Any deficiency statement ending with an asterisk (*) flenotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the hattents. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: 4ZDI22

Facility IO: TN8501

If continuation sheet Page 1 of 3

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 01/25/2018 FORM APPROVED

CENT	ERS FOR WIEDICARE	& MEDICAID SERVICES			MIR NO. 0938-0391	
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	1 ' '	PLE CONSTRUCTION G 01 - REAR BUILDING	(XJ) DATE SURVEY COMPLETED	
445256		B, WING		R 01/03/2018		
NAME OF PROVIDER OR SUPPLIER HARTSVILLE CONVALESCENT CENTER			STREET ADDRESS, CITY, STATE, 2IP CODE 049 MCMURRY BLVD HARTSVILLE, TN 37074	2012		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL GC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETION	
(K 345) SS≠D	Edition) NFPA 96, 10 2. Document review administrator on 01/1 the hood suppression the fire alarm system (2012 Edition) NFPA The administrator was deficiencies were ideacknowledged by the conference on 01/03 Fire Alarm System - A fire alarm System - A fire alarm system is accordance with an awith the requirements Electric Code, and N and Signaling Code. acceptance, mainten available. 9.6.1.3, 9.6.1.5, NFPA This REQUIREMENT by: Based on document facility failed to maintal the findings included 1. Document on 11/13 revealed the facility failed documentation that alsensitivity tested ever	and interview with the 03/2018 at 9:15 AM, revealed on was not interconnected to n. NFPA 101, 19.3.2.5.1 as present when these entified and they were administrator during the exit //2018. Testing and Maintenance Testing		K 345 A fire alarm system is tested & maintai accordance with an approved program complying with the requirements of NF National Electric Code, and NFPA 72, Fire Alarm and Signaling Code. Record system acceptance, maintenance & testireadily available. 'A contract has been completed that add addressable manual pull stations & addismoke detectors through out the building required. These installations will be contract services that will install/complethe installation of the addressable pull seaddressable smoke detector. The QAPI/QA committee will meet with maintenance director for 1 quarter to enaddressable devices are working approp. The maintenance director will add the eyear sensitivity test to his check list to esensitivity test is conducted timely & as	PA 70, National is of ing are s ressable: ig as inpleted the lete tations h the sure the ristely. vor-other insure the	

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 01/25/2018 FORM APPROVED OMB NO. 0938-0391

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - REAR BUILDING			(X3) DATE SURVEY COMPLETED		
		445256	D, WING		A Company of the Comp	•	R 03/2018
NAME OF PROVIDER OR SUPPLIER					YREET ADDRESS, CITY, STATE, ZIF CODE	sti	
HARTSVILLE CONVALESCENT CENTER					19 MCMURRY BLVD ARTSVILLE, TN 37074		
(X4) ID PREFIX TAG	(EAGH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (CACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	COMPLETION DATE
(K 345)	Continued From pa	-	(K 34	45)	Tr.		
	administrator on 01 the facility had not o detector sensitivity the building, NFPA	v and interview with the /03/2018 at 9:18 AM, revealed conducted the 2 year smoke test on all smoke detectors in 101, 19,3,2,5,3(11) (2012 4,4,5,3,2 (2010 Edition)		_			
Angeleinigens	deficiencies were id	as present when these entifled and they were later le administrator during the exit 3/2018.					The second secon
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